Programmes of Work	Schemes	Primary Outcomes*	E.A	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
Urgent Care	9b Commissioning of urgent primary care services (including referral service and re-procurement of NHS111) 9a Development of integrated Rapid Response/Urgent Care services as part of Better Care Fund 9c Expand the pathways for ambulatory care to develop community based treatment services, including NWAS Pathfinder, COPD, Diabetes, Heart Failure, Community Minor Ailments and Intermediate Care Services 12 Develop access to a range of voluntary, community and faith sector support available in the community 13 Improving communication with patients, carers and other services, including Primary Care, on discharge from hospital based services	7 Rates of avoidable Hospital admissions 6 Emergency readmissions within 30 days 3 A&E 4 hour performance 9b Implementation of 111 to defined timescales 13 Friends and Family Test (Hospital Care)	E.A.4 E.A E.A E.A	2026.6 2183 95% N/A	2026.6 1965 95% Delivered	2016.5 tbc 95% N/A	2006.3 tbc 95% N/A	1965.8 tbc 95% N/A	1823.9 tbc 95% N/A
Mental Health & Children	9d Improved access to Liaison Psychiatry 2 Implement a system to identify and recall patients with serious mental health or learning disability for health checks. 13a Ensuring appropriate transition between children's and adults services 14a Developing a community facing memory service for dementia patients. 14b Improve access to services and promote dementia friendly communities through the Dementia Alliance 15 Redesign of our IAPT service specification to improve access, develop outcomes whilst providing best value for money 8b Develop CCG capability to meet statutory responsibilities for children with Special Educational Needs (SEN) 8c Commission redesigned neurodevelopment pathways	9d People Feeling Supported to manage their long term condition 8c Waiting Times for access to appropriate service 15 Achievement against IAPT trajectory 2 People with Severe Mental Illness who have received a list of physical checks 13 Improving experience of community mental health services 14 Estimated diagnosis of dementia	E.A.2 E.A. E.A. E.A. E.A. E.A	77.50 tbc 7.9 91.1 89.6 46.6	78.60 tbc 7.9 tbc tbc 50.9	79.70 tbc 8.3 tbc tbc 51.6	80.80 tbc tbc tbc tbc tbc	81.90 tbc tbc tbc tbc tbc	83.00 tbc tbc tbc tbc tbc
Learning Disabilities and Care Pathways	1a Redesign ENT, Upper GI, Urology, Gynaecology and Hepatobiliary pathways 1b Provide Macmillan funded training for practice nurses on early recognition and staging of cancer 5 Identify hidden carers (adult and children) ensuring those entitled to support receive it, signposting to other agencies, support services and information ensuring carers are offered regular health checks 6a Develop and implement a quality framework for care homes 6b Re-commission care homes doctors service where required 11a Commission best practice stroke care including completion of the re-commissioning of hyper-acute services and a new community stroke rehabilitation service 11b Re-procure Wet Age Related Macular Degeneration (AMD) and related macular services 19 Apply and disseminate best practice and innovation e.g. through NICE and through engagement with the Academic Health Science Network 8a Support the Life Course Review for Learning Disabilities 7a Roll out end of life planning tools across primary care and improve the capture of information regarding patients actively on the Gold Standards Framework	5 Health related quality of life for carers 4 Bereaved Carers views on the quality of care in the last three months of life 1b One Year Survival (by cancer group) 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (Adults, children and young people) 1b Cancer record of stage at diagnosis 11a Reduction in LOS for stroke patients	E.A. E.A. E.A.1 E.A E.A E.A	O.81 tbc 66.0 1743.2 83% 15.7	tbc tbc tbc 1730.1 tbc tbc	tbc tbc tbc 1717.1 tbc tbc	tbc tbc tbc 1697.9 tbc tbc	tbc tbc tbc 1656.0 tbc tbc	tbc tbc tbc 1553.3 tbc tbc
Improving Quality of Services	16a Development of a whole health economy approach to prevent and effectively manage pressure ulcers including a review of the community equipment service 16b Reduce rates of healthcare acquired infections (MRSA and CDIFF) 16c Development of services to ensure high quality "24-7" care 16d Continued development of services for Military Veterans 17 Reduce the incidence of Falls in a hospital setting 18a Ensuring systems support consistently safe prescribing practice 18b Development of the Eastern Cheshire prescribing formulary	16 Improved Reporting of Patient Safety Incidents 16 Pressure Sore Prevalence 16 Incidence of C-Diff & MRSA infections 17 Falls prevalence (hospital admissions) 18 Formulary Compliance 13 Patient Experience of Hospital Care	E.A E.A E.A E.A E.A	6.31 tbc 7.21 0 809	tbc tbc 43 0 809	tbc tbc tbc tbc tbc	tbc tbc tbc tbc tbc	tbc tbc tbc tbc tbc	tbc tbc tbc tbc tbc
Caring Together Early Adoption Schemes	4 Development of an Integrated Model of Care built around a wider Primary Care service, integrated with community services, social care and the third sector with greater emphasis on supporting our population to manage their own health 4b Implementation and development risk stratification and case management to identify and support proactive management of "high risk" patients. Improve information sharing through effective use of "patient passports" and "shared records" 6c Expand the care home doctors service to include multi-professional support through neighbourhood teams	9a Avoidable Admissions Baseline/Trajectory 9c Reduction in hospital excess bed days 5 Health related quality of life for people with LTC 9d Patients feeling supported to manage their long term condition 14 Patient Experience of GP Care 14 Patient Experience of Out of Hours Care	E.A. E.A E.A.2 E.A.5 E.A. E.A.7	2026.6 1.77 77.5 53.5 139.8 3.30	2026.6 tbc 78.6 54.3 138.0 3.25	2016.5 tbc 79.7 55 137.5 3.18	2006.3 tbc 80.8 53.8 137 3.08	1965.8 tbc 81.9 56.5 136.5 2.96	1823.9 tbc 83.0 57.3 136.0 2.80

**Whilst primary responsibility for outcomes has been assigned to one programme many outcomes will cut across multiple programmes*